Metropolitan Fine Arts Center

ADULT DANCE Registration Form

2010-2011

Student Information

First Name MI Last Name	Date of Birth	Academic School (if applicable)
Street Address	City	State Zip
Home Phone #	Cell Phone #	E-Mail Address *(for list serve)*
Emergency Contact Person	Relationship Phone #	Emergency Contact

How did you hear about us? (*please check one*)

☐ *Yellow Pages*
☐ *Community Newspaper*
☐ *Internet*
☐ *Other*_____
☐ *Walk-In*
☐ *Brochure / Direct Mail / Door-Hanger*
☐ *Referral; If so, Whom may we thank?*_____
☐ *School Newspaper*

Classes Planning on Attending	Day and Time	Location (FFX or ALX)

CONSENT OF STUDENT

We appreciate the confidence expressed in your decision to enroll with Metropolitan Fine Arts Center. We take our responsibility seriously and will provide the highest quality fine arts learning experience possible. To ensure your safety and enjoyment, we would appreciate knowing any medical problem or learning disability, which may affect participation. Please contact the director for a confidential discussion.

I, _____hereby consent to my participation in the activity I am registering for, subject to MFAC Policies, a copy of which has been provided to me. I am aware that any physical activity should be undertaken ONLY after consultation with a physician and I assume responsibility for doing so. I have advised Metropolitan Fine Arts Center in writing of any limitations necessitated by my activities due to medical or physical conditions. I hereby hold Metropolitan Fine Arts Center and its employees or contractees harmless for any cost, claim, injury, damage, or liability incurred at the facility except due to the negligence of its agents or employees.

_____

Signature Date

PARTICIPATION WAIVER

Participation Conduct: participants shall hold MFAC harmless from any cost, claim, injury, damage or liability incurred at the facility except from the negligence of MFAC, its agents, or employees. Participants are required to state that there are no medical physical conditions which would prevent them from participating in the program and that they have not been instructed by any physician to refrain from participating in such activities. Physical examinations are recommended for all participants and especially for participants who are unaccustomed to physical exertion, or have physical limitations, a history of high blood pressure, heart problems, or a chronic illness.

a) Participants shall be responsible for any property damage or personal injury caused by them.

b) Each participant has been informed and acknowledges that MFAC has made no claims as to medical results which can or may be obtained through the use of the facility. MFAC has neither suggested nor will suggest any medical treatment to participants. Only licensed professionals are qualified to give medical advice. Participants are instructed not to act on the advice given by any unlicensed employee until such advice has been verified with a licensed professional or their own physician. Each participant represents that there is no medical or physical condition which would prevent them from participating in the program and each participant further represents that he/she has not been instructed by any physician not to do so.

c) Any strenuous athletic or physical activity involves certain risks. Participants assume the risk of any and all accidents and injuries of any kind which may be sustained by reason of or in connection with use of the facility and release, discharge, and absolve MFAC, its agents and employees from any and all liability or responsibility except if such accident or injury is the result of the negligence of MFAC, its agents or employees.

_____

Signature Date

To Register: Call (703) 339-0444 or Mail registration form & payment to: **Metropolitan Fine Arts Center** • 6450 Landsdowne Centre Alexandria, VA 22315

Check out our website at www.metrofinearts.com!

Call us at 703.495.8777 Fairfax Station/Lorton or 703.339.0444 Alexandria/Kingstowne for more information.